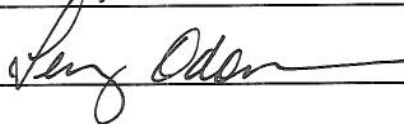


DEBTOR(S): Powell Valley Health Care, Inc.**MONTHLY OPERATING REPORT****CHAPTER 11****CASE NUMBER:** 16-20326**Form 2-A
COVER SHEET**For Period End Date: 10/31/2017**Accounting Method:** ☒ Accrual Basis ☐ Cash Basis**THIS REPORT IS DUE 21 DAYS AFTER THE END OF THE MONTH**Mark One Box for Each
Required Document:Debtor must attach each of the following documents unless the U. S. Trustee
has waived the requirement in writing. File the original with the Clerk of Court.
Submit a duplicate, with original signature, to the U. S. Trustee.

Report/Document Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Cash Receipts and Disbursements Statement (Form 2-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Balance Sheet (Form 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Profit and Loss Statement (Form 2-D)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Supporting Schedules (Form 2-E)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Quarterly Fee Summary (Form 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Narrative (Form 2-G)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Bank Statements for All Bank Accounts (Redact all but last 4 digits of account number and remove check images)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Bank Statement Reconciliations for all Bank Accounts
<input type="checkbox"/>	<input type="checkbox"/>	9. Evidence of insurance for all policies renewed or replaced during month

I declare under penalty of perjury that the following Monthly Operating Report, and any attachments thereto are true, accurate and correct to the best of my knowledge and belief.**Executed on:** 11-21-17**Print Name:** Terry Odom**Signature:****Title:**Chief Executive Officer

DEBTOR(S) Powell Valley Health Care, Inc. CASE NO: 16-20326

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 10/01/2017 to 10/31/2017

CASH FLOW SUMMARY

	<u>Current Month</u>	<u>Accumulated</u>
1. Beginning Cash Balance	\$ <u>3,631,966</u> (1)	\$ <u>3,499,673</u> (1)
2. Cash Receipts		
Operations	4,196,658	68,374,804
Sale of Assets	0	0
Loans/advances	0	0
Other	0	2,170
Total Cash Receipts	\$ <u>4,196,658</u>	\$ <u>68,376,974</u>
3. Cash Disbursements		
Operations	4,233,909	67,935,358
Debt Service/Secured loan payment	0	0
Professional fees/U.S. Trustee fees	0	0
Professional fees paid from retainer (e.g. COLTAF accts)	0	0
Other	0	346,575
Total Cash Disbursements	\$ <u>4,233,909</u>	\$ <u>68,281,933</u>
4. Net Cash Flow (Total Cash Receipts less Total Cash Disbursements)	<u>-37,251</u>	<u>95,042</u>
5 Ending Cash Balance (to Form 2-C)	\$ <u>3,594,715</u> (2)	\$ <u>3,594,715</u> (2)

CASH BALANCE SUMMARY

	<u>Financial Institution</u>	<u>Book Balance</u>
Petty Cash	<u>Powell Valley Healthcare</u>	\$ 2,170
DIP Operating Account	<u>1st Bank Wyo 8425</u>	194,365
DIP State Tax Account	<u></u>	0
DIP Payroll Account	<u>1st Bank Wyo 4501</u>	10,347
Other Operating Account	<u>1st Bank Wyo See form 2G</u>	3,387,833
Retainers held by professionals (i.e. COLTAF)	<u></u>	0
TOTAL (must agree with Ending Cash Balance above)		\$ <u>3,594,715</u> (2)

(1) Accumulated beginning cash balance is the cash available at the commencement of the case and retainers.
Current month beginning cash balance should equal the previous month's ending balance.

(2) All cash balances should be the same.

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO:

16-20326

Form 2-B

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 10/01/2017 to 10/31/2017

CASH RECEIPTS DETAIL

Account No:

7301

(attach additional sheets as necessary)

Date	Payer	Description	Amount
10/02/2017	Medicare EFT	Patient/Resident account	26,629.81
10/02/2017	CIGNA	Patient/Resident account	2,290.53
10/02/2017	Other commercial	Patient/Resident account	21,165.93
10/02/2017	Other	Cash Payment	6,105.82
10/02/2017	Other EFTs	Patient/Resident account	49,074.43
10/03/2017	Medicare EFT	Patient/Resident account	6,975.74
10/03/2017	CIGNA	Patient/Resident account	1,227.03
10/03/2017	Other commercial	Patient/Resident account	15,305.60
10/03/2017	Other	Cash Payment	105,202.34
10/03/2017	Other EFTs	Patient/Resident account	124,950.23
10/04/2017	Medicare EFT	Patient/Resident account	32,981.33
10/04/2017	CIGNA	Patient/Resident account	291.65
10/04/2017	Other commercial	Patient/Resident account	3,247.64
10/04/2017	Other	Cash Payment	4,795.14
10/04/2017	Other EFTs	Patient/Resident account	25,827.86
10/05/2017	Medicare EFT	Patient/Resident account	35,748.45
10/05/2017	Other commercial	Patient/Resident account	889.23
10/05/2017	Other	Cash Payment	3,452.99
10/05/2017	Other EFTs	Patient/Resident account	130,257.19
10/06/2017	Medicare EFT	Patient/Resident account	22,139.06
10/06/2017	Other commercial	Patient/Resident account	20,613.81
10/06/2017	Other	Cash Payment	29,761.76
10/06/2017	Other EFTs	Patient/Resident account	51,415.15
10/09/2017	Medicare EFT	Patient/Resident account	20,256.06
10/09/2017	CIGNA	Patient/Resident account	828.49
10/09/2017	Other commercial	Patient/Resident account	12,255.45
10/09/2017	Other	Cash Payment	6,980.79
10/09/2017	Other EFTs	Patient/Resident account	77,705.01
10/10/2017	Medicare EFT	Patient/Resident account	20,256.00
10/10/2017	CIGNA	Patient/Resident account	1,795.36
10/10/2017	Other commercial	Patient/Resident account	8,842.69
10/10/2017	other	Cash Payment	261,546.16
10/10/2017	Other EFTs	Patient/Resident account	121,172.06
10/11/2017	Medicare EFT	Patient/Resident account	31,563.28
10/11/2017	CIGNA	Patient/Resident account	3,994.85
10/11/2017	Other commercial	Patient/Resident account	37,708.10
10/11/2017	other	Cash Payment	14,879.02
10/11/2017	Other EFTs	Patient/Resident account	60,675.40
10/12/2017	Medicare EFT	Patient/Resident account	71,367.54
10/12/2017	Other commercial	Patient/Resident account	18.05
10/12/2017	Other	Cash Payment	3,566.51
10/12/2017	Other EFTs	Patient/Resident account	234,371.78
10/13/2017	Medicare EFT	Patient/Resident account	134,386.15
10/13/2017	Other commercial	Patient/Resident account	15,429.24
10/13/2017	Other	Cash Payment	20,972.74
10/13/2017	Other EFTs	Patient/Resident account	39,848.37
10/16/2017	Medicare EFT	Patient/Resident account	53,066.35
10/16/2017	Other commercial	Patient/Resident account	36,506.46
10/16/2017	Other	Cash Payment	21,462.02
10/16/2017	Other EFTs	Patient/Resident account	277,530.93
10/17/2017	Medicare EFT	Patient/Resident account	11,396.18
10/17/2017	CIGNA	Patient/Resident account	16,324.89
10/17/2017	Other commercial	Patient/Resident account	61,992.72
10/17/2017	Other	Cash Payment	80,983.37
10/17/2017	Other EFTs	Patient/Resident account	37,881.30

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO:

16-20326

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period: 10/01/2017 to 10/31/2017**CASH RECEIPTS DETAIL****Account No:****7301***(attach additional sheets as necessary)*

Date	Payer	Description	Amount
10/18/2017	Medicare EFT	Patient/Resident account	35,636.87
10/18/2017	Other commercial	Patient/Resident account	3,484.53
10/18/2017	Other	Cash Payment	10,498.28
10/18/2017	Other EFTs	Patient/Resident account	15,751.80
10/19/2017	Medicare EFT	Patient/Resident account	33,061.74
10/19/2017	Other commercial	Patient/Resident account	4,113.44
10/19/2017	Other	Cash Payment	17,870.48
10/19/2017	Other EFTs	Patient/Resident account	201,426.65
10/20/2017	Medicare EFT	Patient/Resident account	14,018.57
10/20/2017	Other commercial	Patient/Resident account	3,996.94
10/20/2017	Other	Cash Payment	20,129.02
10/20/2017	Other EFTs	Patient/Resident account	28,471.83
10/23/2017	Medicare EFT	Patient/Resident account	60,294.90
10/23/2017	CIGNA	Patient/Resident account	
10/23/2017	Other commercial	Patient/Resident account	20,725.20
10/23/2017	Other	Cash Payment	3,463.26
10/23/2017	Other EFTs	Patient/Resident account	65,170.69
10/24/2017	Medicare EFT	Patient/Resident account	18,993.15
10/24/2017	CIGNA	Patient/Resident account	4,411.32
10/24/2017	Other commercial	Patient/Resident account	31,363.30
10/24/2017	Other	Cash Payment	48,747.60
10/24/2017	Other EFTs	Patient/Resident account	46,596.69
10/25/2017	Medicare EFT	Patient/Resident account	27,737.72
10/25/2017	CIGNA	Patient/Resident account	205.91
10/25/2017	Other commercial	Patient/Resident account	940.32
10/25/2017	Other	Cash Payment	18,644.50
10/25/2017	Other EFTs	Patient/Resident account	51,592.11
10/26/2017	Medicare EFT	Patient/Resident account	1,485.11
10/26/2017	Other commercial	Patient/Resident account	310.44
10/26/2017	Other	Cash Payment	3,821.68
10/26/2017	Other EFTs	Patient/Resident account	205,440.84
10/27/2017	Medicare EFT	Patient/Resident account	57,105.51
10/27/2017	Other commercial	Patient/Resident account	4,837.13
10/27/2017	Other	Cash Payment	18,307.85
10/27/2017	Other EFTs	Patient/Resident account	25,001.24
10/30/2017	Medicare EFT	Patient/Resident account	31,052.27
10/30/2017	CIGNA	Patient/Resident account	1,867.33
10/30/2017	Other commercial	Patient/Resident account	7,409.70
10/30/2017	QRA	Cash Payment	313,109.00
10/30/2017	Other	Cash Payment	3,412.91
10/30/2017	Other EFTs	Patient/Resident account	86,299.25
10/31/2017	Medicare EFT	Patient/Resident account	25,674.28
10/31/2017	CIGNA	Patient/Resident account	1,129.91
10/31/2017	Other commercial	Patient/Resident account	24,105.11
10/31/2017	Other	Cash Payment	33,094.93
10/31/2017	Other EFTs	Patient/Resident account	47,934.40
Total Cash Receipts			\$ 4,196,657.75 (1)

(1) Total for all accounts should agree with total cash receipts listed on Form 2-B, page 1

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DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-B
CASH RECEIPTS AND DISBURSEMENTS STATEMENT
 For Period: 10/01/2017 to 10/31/2017

CASH DISBURSEMENTS DETAIL
(attach additional sheets as necessary)

Account No:

8425

Date	Check No.	Payee	Description (Purpose)	Amount
10/02/17	EFT	Electronic Funds Transfer	FICA payroll taxes	113,382.58
10/02/17	EFT	Electronic Funds Transfer	Federal withholding payroll taxes	183,763.86
10/03/17	EFT	Electronic Funds Transfer	Trsf to EBMS act 6301	41,411.95
10/04/17	EFT	Electronic Funds Transfer	Montana state tax	990.00
10/09/17	EFT	Electronic Funds Transfer	Trsf to EBMS act 6301	43,811.34
10/12/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- auto deposit	571,702.20
10/12/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	13,719.19
10/12/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	4,001.25
10/12/17	EFT	Electronic Funds Transfer	Trsf to pension act 7901	58,864.43
10/16/17	EFT	Electronic Funds Transfer	FICA payroll taxes	100,147.41
10/16/17	EFT	Electronic Funds Transfer	Federal withholding payroll taxes	109,448.98
10/17/17	EFT	Electronic Funds Transfer	Trsf to EBMS act 6301	234,567.05
10/18/17	EFT	Electronic Funds Transfer	Montana state tax	997.00
10/20/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	1,841.38
10/23/17	EFT	Electronic Funds Transfer	Federal withholding payroll taxes	65,442.13
10/26/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- auto deposit	700,855.81
10/26/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	13,335.04
10/27/17	EFT	Electronic Funds Transfer	Trsf to pension act 7901	65,902.79
10/30/17	EFT	Electronic Funds Transfer	Trsf to payroll act 4501- manual chks	107,593.11
10/30/17	EFT	Electronic Funds Transfer	Federal withholding payroll taxes	186,788.95
10/30/17	EFT	Electronic Funds Transfer	Trsf HRA quarterly	2,300.00
10/31/17	EFT	Electronic Funds Transfer	Trsf to EBMS act 6301	103,901.71

8235 -8686	Accounts Payable checks	See attached check register	1,508,403.01
8269	Accounts Payable	Void D & G Electric	438.00
8609	Accounts Payable	Void WYDOT	300.00
8442-8526	Accounts Payable	Check printing error -void/reissue	

Total Cash Disbursements \$ 4,233,909.17 (1)

(1) Total for all accounts should agree with total cash disbursements listed on Form 2-B, page 1

COMPARATIVE BALANCE SHEET

For Period Ended: 10/31/2017

	Current Month	Petition Date (1)
ASSETS		
Current Assets:		
Cash (from Form 2-B, line 5)	\$ 3,594,715	\$ 4,255,881
Accounts Receivable (from Form 2-E)	7,922,961	8,383,526
Receivable from Officers, Employees, Affiliates	0	0
Inventory	766,566	757,444
Other Current Assets :(List) <u>Pre-paid Expense</u>	1,088,420	865,872
<u>Receivable from legal settlements</u>	11,450,000	11,450,000
Total Current Assets	<u>\$ 24,822,662</u>	<u>\$ 25,712,723</u>
Fixed Assets:		
Land	\$ 0	\$ 0
Building	694,434	694,434
Equipment, Furniture and Fixtures	10,198,879	9,997,873
Total Fixed Assets	<u>10,893,313</u>	<u>10,692,307</u>
Less: Accumulated Depreciation	(9,290,585)	(8,254,973)
Net Fixed Assets	<u>\$ 1,602,728</u>	<u>\$ 2,437,334</u>
Other Assets (List): _____	0	0
_____	0	0
TOTAL ASSETS	<u><u>\$ 26,425,390</u></u>	<u><u>\$ 28,150,057</u></u>
LIABILITIES		
Post-petition Accounts Payable (from Form 2-E)	\$ 1,727,801	\$ 1,167,152
Post-petition Accrued Profesional Fees (from Form 2-E)	336,531	250,000
Post-petition Taxes Payable (from Form 2-E)	51,411	172,650
Post-petition Notes Payable	137,442	128,056
Other Post-petition Payable(List): <u>see schedul 2G liab</u>	1,979,615	3,405,269
<u>Legal claim reserve</u>	11,750,000	11,750,000
Total Post Petition Liabilities	<u>\$ 15,982,800</u>	<u>\$ 16,873,127</u>
Pre Petition Liabilities:		
Secured Debt	954,186	1,153,923
Priority Debt	0	0
Unsecured Debt	909,663	1,415,297
Total Pre Petition Liabilities	<u>\$ 1,863,849</u>	<u>\$ 2,569,220</u>
TOTAL LIABILITIES	<u><u>\$ 17,846,649</u></u>	<u><u>\$ 19,442,348</u></u>
OWNERS' EQUITY		
Owner's/Stockholder's Equity	\$ 0	\$ 0
Retained Earnings - Prepetition	8,691,606	8,691,606
Retained Earnings - Post-petition	-112,865	16,103
TOTAL OWNERS' EQUITY	<u><u>\$ 8,578,741</u></u>	<u><u>\$ 8,707,709</u></u>
TOTAL LIABILITIES AND OWNERS' EQUITY	<u><u>\$ 26,425,390</u></u>	<u><u>\$ 28,150,057</u></u>

(1) Petition date values are taken from the Debtor's balance sheet as of the petition date or are the values listed on the Debtor's schedules.

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-D
PROFIT AND LOSS STATEMENT
For Period 10/01/2017 to 10/31/2017

	Current Month	Accumulated Total (1)
Gross Operating Revenue	\$ 6,359,766	\$ 109,965,670
Less: Discounts, Returns and Allowances	(2,603,101)	(44,321,189)
Net Operating Revenue	\$ 3,756,665	\$ 65,644,481
Cost of Goods Sold	3,269,311	56,638,630
Gross Profit	\$ 487,354	\$ 9,005,851
Operating Expenses		
Officer Compensation	\$ 16,155	\$ 260,279
Selling, General and Administrative	0	0
Rents and Leases	85,247	1,478,551
Depreciation, Depletion and Amortization	61,459	1,079,613
Other (list): <u>Repairs</u>	44,291	997,567
<u>Insurance</u>	53,202	958,322
Total Operating Expenses	\$ 260,354	\$ 4,774,332
Operating Income (Loss)	\$ 227,000	\$ 4,231,519
Non-Operating Income and Expenses		
Other Non-Operating Expenses	\$ 0	\$ 0
Gains (Losses) on Sale of Assets	0	0
Interest Income	0	0
Interest Expense	-5,536	-73,461
Other Non-Operating Income	0	0
Net Non-Operating Income or (Expenses)	\$ -5,536	\$ -73,461
Reorganization Expenses		
Legal and Professional Fees	\$ 276,886	\$ 4,088,132
Other Reorganization Expense	0	0
Total Reorganization Expenses	\$ 276,886	\$ 4,088,132
Net Income (Loss) Before Income Taxes	\$ -55,422	\$ 69,926
Federal and State Income Tax Expense (Benefit)	0	0
NET INCOME (LOSS)	\$ -55,422	\$ 69,926

(1) Accumulated Totals include all revenue and expenses since the petition date.

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DEBTOR(S):

Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-E (Page 1 of 2)
SUPPORTING SCHEDULES

For Period: 10/01/2017 to 10/31/2017

Summary of Post-Petition Taxes				
Type of tax	1	2	3	4
	Unpaid post-petition taxes from prior reporting month(1)	Post-petition taxes accrued this month (new obligations)	Post-petition tax payments made this reporting month	Unpaid post-petition taxes at end of reporting month (columns 1+2-3)
Federal				
Employee income tax withheld	183,764	296,238	480,002	(0)
Employee FICA taxes withheld	56,691	103,871	160,562	(0)
Employer FICA taxes	56,692	103,870	160,562	(0)
Unemployment taxes				
Other:				
State				
Sales, use & excise taxes	217	72	217	72
Unemployment taxes				
Other: Worker Compensation	184,923	51,396	184,980	51,340
Local				
Personal property taxes				
Real property taxes				
Other:				
Total unpaid post-petition taxes				51,411

(1) For first report, the beginning balance in column 1 will be \$0; thereafter, beginning balance will be ending balance from prior report.

Insurance Coverage Summary				
Type of insurance	Insurance carrier	Coverage amount	Policy expiration date	Premium paid through date
Workers' compensation	State of Wyoming	Not Applicable	Not Applicable	Not Applicable
General liability	National Fire & Risk/AB Risk, Medical Protective, USI Insurance Service	\$1M/\$5M \$5M Umbrella	08/01/2018	02/28/2018
Property (fire, theft, etc.)	Affiliated FM Insurance Company, USI Insurance Service	Bldg \$100m Flood \$75m	08/01/2018	07/31/2018
Vehicle	Liberty Mutual, USI Insurance Service - Vehicle Only - National Indemnity - Ambulance	\$1M auto & \$1m Ambulance	08/01/2018	07/31/2018
Other (list): Director & Officer Liability	Worldwide Facilities, LLC., USI Insurance Service	\$2m	08/01/2018	08/01/2018
Other (list): Internet/Cyber Liability	NAS/Lloyd's of London, USI Insurance Service	\$1m/claim \$1m/agg	08/01/2018	08/01/2018
Other (list): Crime	Berkley Crime, USI Insurance Service - Extended one month to match others	\$500,000	08/01/2018	08/01/2018

If any policies were renewed or replaced during reporting period, attach new certificate of insurance.

DEBTOR(S): Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-E (Page 2 of 2)
SUPPORTING SCHEDULES

For Period: 10/01/2017 00:00 to 10/31/2017 00:00

Accounts Receivable Aging Summary (attach detailed aging report)					
	30 days or less	31 to 60 days	61 to 90 days	Over 90 days	Total at month end
Pre-petition receivables				50,146	50,146
Post-petition receivables	3,336,432	1,994,379	863,077	1,678,926	7,872,815
Total	3,336,432	1,994,379	863,077	1,729,072	7,922,961

Post-Petition Accounts Payable Aging Summary (attach detailed aging report)					
	30 days or less	31 to 60 days	61 to 90 days	Over 90 days	Total at month end
Trade Payables	831,158	94,170	399	763,724	1,689,451
Other Payables	3,450	3,450	3,450	28,000	38,350
Total	834,608	97,620	3,849	791,724	1,727,801

SCHEDULE OF PAYMENTS TO ATTORNEYS AND OTHER PROFESSIONALS					
	Month-end Retainer Balance	Current Month's Accrual	Paid in Current Month	Court Approval Date	Month-end Balance Due *
Debtor's Counsel	\$149,210	25,000	16,046	10/16	\$158,164
Counsel for Unsecured Creditors' Committee	257,157	(35,000)	43,789	10/16	\$178,368
Trustee's Counsel					
Accountant S Miller HT		33,183	33,183	04/19/17	(\$0)
Other: CKKK & Polsinelli		2,279	2,279		(\$0)
Total	406,367	25,462	95,298		336,531

*Balance due to include fees and expenses incurred but not yet paid.

SCHEDULE OF PAYMENTS AND TRANSFERS TO PRINCIPALS/EXECUTIVES**			
Payee Name	Position	Nature of Payment	Amount
Terry Odom	Chief Executive Officer	Salary/Wages	16,155

**List payments and transfers of any kind and in any form made to or for the benefit of any proprietor, owner, partner, shareholder, officer, or director.

Form 2-F
QUARTERLY FEE SUMMARY *
For the Month Ended: 10/31/2017

<u>Month</u>	<u>Year</u>	<u>Cash Disbursements **</u>	<u>Quarterly Fee Due</u>	<u>Check No.</u>	<u>Date Paid</u>
January	<u>20 17</u>	\$ 3,828,457			
February	<u>20 17</u>	3,489,036			
March	<u>20 17</u>	4,204,015			
TOTAL 1st Quarter	\$	<u>11,521,508</u> \$	<u>13000</u>	<u>5902</u>	<u>04/12/17</u>
April	<u>20 17</u>	\$ 3,722,454			
May	<u>20 17</u>	3,981,145			
June	<u>20 17</u>	3,317,423			
TOTAL 2nd Quarter	\$	<u>11,021,023</u> \$	<u>12,763</u>	<u>7207</u>	<u>07/14/17</u>
July	<u>20 17</u>	\$ 3,749,995			
August	<u>20 17</u>	4,744,693			
September	<u>20 17</u>	3,788,067			
TOTAL 3rd Quarter	\$	<u>12,282,754</u> \$	<u>13,000</u>	<u>8438</u>	<u>10/17/17</u>
October	<u>20 17</u>	\$ 4,233,909			
November	<u>20 17</u>				
December	<u>20 17</u>				
TOTAL 4th Quarter	\$	<u>4,233,909</u> \$			

FEE SCHEDULE (as of JANUARY 1, 2008)

Subject to changes that may occur to 28 U.S.C. §1930(a)(6)

<u>Quarterly Disbursements</u>	<u>Fee</u>	<u>Quarterly Disbursements</u>	<u>Fee</u>
\$0 to \$14,999.....	\$325	\$1,000,000 to \$1,999,999.....	\$6,500
\$15,000 to \$74,999.....	\$650	\$2,000,000 to \$2,999,999.....	\$9,750
\$75,000 to \$149,999.....	\$975	\$3,000,000 to \$4,999,999.....	\$10,400
\$150,000 to \$224,999.....	\$1,625	\$5,000,000 to \$14,999,999	\$13,000
\$225,000 to \$299,999.....	\$1,950	\$15,000,000 to \$29,999,999....	\$20,000
\$300,000 to \$999,999.....	\$4,875	\$30,000,000 or more	\$30,000

* This summary is to reflect the current calendar year's information cumulative to the end of the reporting period

** Should agree with line 3, Form 2-B. Disbursements are net of transfers to other debtor in possession bank accounts

Failure to pay the quarterly fee is cause for conversion or dismissal of the chapter 11 case. [11 U.S.C. Sec. 1112(b)(10)]

In addition, unpaid fees are considered a debt owed to the United States and will be assessed interest under 31 U.S.C. §3717

Rev. 1/15/14

DEBTOR(S) Powell Valley Health Care, Inc.

CASE NO: 16-20326

Form 2-G
NARRATIVE

For Period Ending: 10/31/2017

Please provide a brief description of any significant business and legal actions taken by the debtor, its creditors, or the court during the reporting period, any unusual or non-recurring accounting transactions that are reported in the financial statements, and any significant changes in the financial condition of the debtor which have occurred subsequent to the report date.

FORM 2B-1 Line 50, Cash Accounts are made up of General Checking #7301, EBMS Checking #6301, Flex Spending #3101, Care Center Resident Trust #2088, Employee Benefit #5601, and Pension #7901. Form 2B-3 Cash Disbursements other is for vendor deposits made during the period. **Form 2C-Liabilities**, line 38 Other Payables, this line is made up of accrued Provider Incentives \$ 161,150 Accrued Payroll \$ 683,654, 3rd Party Receivable/Payable (Medicare Cost Report Settlement) \$(43,180), Assisted Living Room Retainer \$37,000, NH Resident Trust \$7,484, and Accrued Benefits \$1,133,507 **Form 2D** Officer compensation equals the amount listed on Form 2E. Rent, Depreciation, Interest, Repairs, and Insurance are from facility income statement, all other expenses is combined into cost of goods sold. **Form 2-E pg 2** "Other" fees are for Copenhaver, Kath, Kitchen, & Kolpitcke for non-chapter 11 hospital legal counsel of \$ 2,279. "Accountant" section includes Interim CFO of \$33,183. Principals/Executives - Terry Odom salary.

Rev. 1/15/14